

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

08225

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		1				
6		1				
7		2				
8		4				
9		4				
10		4				
11		3				
12		4				
13		4				
14		4				
15		4				
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26		4				
27		4				
28		4				
29		4				
30	1					
31	1					
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38	1			4		
39	1					
40	1					
41		4				
42		4				
43		4				
44		4				
45		2				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		7				
52		7				
53		7				
54		7				
55		7				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						